

LASER/OPTICAL DEVICE HAZARD EVALUATION DATA*(Please type/print legibly)*

Name		Mail Code	Date	Reference No.			
I. LASER DESCRIPTION							
A. Type of Laser Media	B. Manufacturer	C. Model No. and Year		D. Serial No.	E. ANSI Class		
F. Emission Characteristics <i>(Use supplemental sheets as needed)</i>							
Mode of Operation	Peak Power	Pulse Width Sec.	PRF	Wavelength(s)*	Max. Exposure Time	Beam Dia. @ i/e (cm)	Beam Div. @ i/e (rad)
*For multiple wavelength lasers, specify power levels of individuals wavelength							
II. OPTICAL DEVICE DESCRIPTION							
A. Type Device	B. Manufacturer	C. Model No. and Year		D. Serial No.			
E. Operating characteristics (including power output, wavelength(s), dimensions associated with optics where applicable, etc.)							
III. AREA DESCRIPTION				IV. PROCEDURES			
A. Location: _____ B. Site Plans: _____ C. System Drawings: _____ D. Adjacent Areas/Facilities: _____ (Submit copies as attachments)				A. Operating Procedures: _____ B. Accident/Emergency Proc.: _____ C. Maintenance Procedure: _____ D. Brief Description of Project: _____ (Submit copies as attachments)			
V. HAZARD ANALYSIS							
A. ANSI MPE: _____ B. Eyewear O.D. Required: _____ C. @ Wavelength: _____ D. Estimated Hazard Zones: Direct Beam: _____ m Lens: _____ m Diffuse: _____ m Other: _____ m							
VI. SYSTEM USERS				VII. RADIATION PROTECTION REQUIREMENTS			
A. User Org.: _____ B. Maint. Org.: _____ C. Area Radiation Officer: _____				<input type="checkbox"/> Accountability <input type="checkbox"/> Compliance with Am. Nat'l. Standards Institute (ANSI) Safety Levels <input type="checkbox"/> Compliance with JPD 1860.4			
VIII. REVIEW							
Additional Information Required: <input type="checkbox"/> YES <input type="checkbox"/> NO Date Received: _____ Disposition: _____							
JSC Radiation Safety Officer Signature		Recommend <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval			Date:		
JSC Radiation Safety Committee Chairperson Signature		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			Date:		